



5333 North Dixie Highway, Suite 105  
 Fort Lauderdale, Florida 33334  
 (954) 491-3707 • Fax (954) 491-1201  
 northeasthearing@bellsouth.net

1) What brought you to our office today? \_\_\_\_\_

2) Please check the appropriate circles below that apply to your current hearing abilities in various environments. Select one:  with hearing aids  without hearing aids

Listening Environments	How well do you currently hear in this environment?			How frequently are you in this listening environment?		
	WELL	FAIR	POOR	OFTEN	SOMETIMES	RARELY
One-to-One Conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quiet Room (1 to 2 people)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smalls Groups (4 to 6 people)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Social Gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the Work Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Religious Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meetings / Lectures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) What is your experience with hearing aids? (check all that apply)

- I have never used or visited a Hearing Healthcare Professional to inquire about a hearing aid(s).
- I have been to another Hearing Healthcare Professional to gather information regarding my hearing difficulties, but have not tried or purchased.
- I have tried a hearing aid(s) but returned the instrument(s).
- I have a hearing aid(s) but only wear it occasionally or not at all.
- I have a hearing aid and wear it regularly on the  right ear,  left ear.

4) Please rank the following in terms of their importance in a hearing aid. (1 through 4, with 1 being the most important):

- Overall Sound Quality
- Reliability
- Style/Appearance
- Cost

5) On a scale of 1-10, how motivated are you regarding doing something about your hearing loss? (Please circle one)

1      2      3      4      5      6      7      8      9      10  
 NOT      SOMEWHAT      MOTIVATED      VERY      EXTREMELY  
 MOTIVATED      MOTIVATED      MOTIVATED      MOTIVATED      MOTIVATED

# Acknowledgement of Receipt of Notice of Privacy Practices

Northeast Hearing Center  
5333 N. Dixie Hwy. Suite 105  
Fort Lauderdale, FL 33334  
(954) 491-3707

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{NAME OF PRACTICE}

**\*You May Refuse to Sign this Acknowledgment\***

I have received a copy of this office's Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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